



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Bernd Gugel, et al.

Examiner: John J. Wilson

Serial No.: 10/784,677

Art Unit: 3732

Filed: February 23, 2004

Docket: 10854ABCD

For: A MEDICINAL OR DENTAL
HAND INSTRUMENT

Dated: September 8, 2006

Confirmation No.: 1938

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT UNDER 37 C.F.R. §1.111

Sir:

In response to the Office Action dated June 13, 2006, applicants respectfully request that the following amendments be entered into this application:

Amendments to the Specification begin on page 2 of this paper.

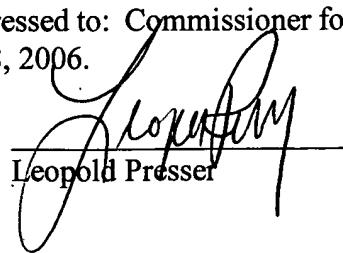
Amendments to the Claims are reflected in the listing of claims, which begins on page 6 of this paper.

Remarks begin on page 10 of this paper.

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on September 8, 2006.

Dated: September 8, 2006


Leopold Presser



**TRANSMITTAL LETTER
(General - Patent Pending)**

Docket No.
10854ABCD

In Re Application Of: Bernd Gugel, et al.

| Application No. | Filing Date | Examiner | Customer No. | Group Art Unit | Confirmation No. |
|-----------------|-------------------|----------------|--------------|----------------|------------------|
| 10/784,677 | February 23, 2004 | John J. Wilson | 23389 | 3732 | 1938 |

Title: **A MEDICINAL OR DENTAL HAND INSTRUMENT**

COMMISSIONER FOR PATENTS:

Transmitted herewith is:

**AMENDMENT UNDER 37 C.F.R. §1.111 INCLUDING A LETTER ENCLOSING A TERMINAL DISCLAIMER
AND A CHECK IN THE AMOUNT OF \$130.00 FOR THE TERMINAL DISCLAIMER FEE.**

in the above identified application.

- No additional fee is required.
- A check in the amount of _____ is attached.
- The Director is hereby authorized to charge and credit Deposit Account No. _____ as described below.
 - Charge the amount of _____
 - Credit any overpayment.
 - Charge any additional fee required.
- Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Signature

Dated: September 8, 2006

Leopold Presser
Registration No. 19,827

Scully, Scott, Murphy & Presser, P.C.
400 Garden City Plaza - Suite 300
Garden City, New York 11530
(516) 742-4343

cc: LP:jy

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on September 8, 2006

(Date)

Signature of Person Mailing Correspondence

Leopold Presser

Typed or Printed Name of Person Mailing Correspondence

AMENDMENT TRANSMITTAL LETTER (Large Entity)

Applicant(s): **Bernd Gugel, et al.**

Docket No.

10854ABC

| Application No. | Filing Date | Examiner | Customer No. | Group Art Unit | Confirmation No. |
|-----------------|-------------------|----------------|--------------|----------------|------------------|
| 10/784,677 | February 23, 2004 | John J. Wilson | 23389 | 3732 | 1938 |

Invention: A MEDICINAL OR DENTAL HAND INSTRUMENT



COMMISSIONER FOR PATENTS:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST # PREV. PAID FOR | NUMBER EXTRA CLAIMS PRESENT | RATE | ADDITIONAL FEE |
|---|-------------------------------------|-----------------------------|--------------------------------|------------|-------------------|
| TOTAL CLAIMS | 14 - | 20 = | 0 | x \$50.00 | \$0.00 |
| INDEP. CLAIMS | 3 - | 3 = | 0 | x \$200.00 | \$0.00 |
| Multiple Dependent Claims (check if applicable) | <input type="checkbox"/> | | | | \$0.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$0.00 |

- No additional fee is required for amendment.
- Please charge Deposit Account No. _____ in the amount of _____.
- A check in the amount of _____ to cover the filing fee is enclosed.
- The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account **19-1013/SSMP**
 - Any additional filing fees required under 37 C.F.R. 1.16.
 - Any patent application processing fees under 37 CFR 1.17.
- Payment by credit card. Form PTO-2038.

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September 8, 2006

✓ (Date)

Signature of Person Mailing Correspondence

Leopold Presser

Typed or Printed Name of Person Mailing Correspondence

cc: LP;jv